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U.S.S.R.Scientific/Political

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Medicine and Health in the Soviet UnionVI. Medical training, teaching personnel, and medical literature.

1. In the larger towns are a number of universities with theoretical institutes and clinics, which are well directed, are in the hands of good scientists, and are able to give first class instruction. There are in addition a number of special medical schools in which doctors can be trained. The quality of the training appears to depend on the size of the town, and in the smaller towns, training is comparatively bad because neither the facilities nor the teaching personnel are up to the standard of towns at the other end of the scale. There has been talk in medical circles, of a crisis arising in the medical profession because of the shortage of teaching personnel. This is understandable when the conditions which prevail in the Soviet Union are considered. In the western world, scientifically trained and qualified teaching personnel are chosen in accordance with century old tradition but in Russia, a new system had to be set up after the revolution. The immediate aim then was quantity and not quality, which meant that doctors were not given sufficient training. This is reflected today in the lack of ability of Soviet doctors, and of so-called experts in the scientific field. They are consequently dogmatic in their teaching ideas, impatient, and arrogant. This also applies to other branches of study. The crisis begins with education at the ordinary schools. In the western world schools are normally the preparing ground and basis for academical study; under the communist regime this is not so. Admittedly, efforts have long been made to educate the brains of the people along scientific lines, but in the ordinary and secondary schools there is a shortage of brains suitable for such training. This is the main cause of the crisis in the medical faculty. They learn and study according to a system which does not allow them the essential over-all picture of the subject. For example, it is as easy to teach any ordinarily intelligent road sweeper the technique of narcosis as it is to teach a doctor. But one rarely meets a Russian doctor, or even a surgeon, who knows the chemistry of modern means of producing narcotics.\*

\* The exceptions [redacted] were at the university at Irkutsk.

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Because of this, they are unable to watch the effect on human organs, or recognize danger when it appears. A normal doctor seriously considers the type of anæsthetic he will require before he attempts the operation, and takes into account the condition of the sick person. But in Soviet hospitals all operations are carried out mechanically. This stubborn adherence to a system of treatment often has dire results. For example, in a hospital for sexual diseases in which there were a number of youths suffering from syphilis, the standard cure laid down was a salvarsan type of preparation and a bismuth-quinine preparation which had to be injected. This treatment was given, whether the patient could stand it or not.\*

2. It should be stressed here that the MSS have the right to assist in the selection of medical professors. The first qualification is always the political reliability and positive attitude of the doctor to the Soviet State. The scientific ability of the doctor takes second place, because it is always considered by the MSS that a professor who is not loyal to the regime can easily make use of his position as lecturer to influence the convictions of the students under him. Those who try to work along true scientific lines, and there are a few, live in a state of insecurity. If they are good and rise above the normal level, they immediately find that they have attracted the attention of higher authorities, and the MSS. One such scientist was an elderly professor named <sup>SAVAVLOSCHEV</sup> SAJAWLOSCHIN, who was an excellently trained pathologist, and unquestionably a man of great scientific ability. A few years back he was responsible for some good work in the pathological field, and was called to Leningrad, where he was interviewed by the MSS and others, praised for his work, and awarded medals and a cash bonus. He was then given a job in Leningrad, and after two years, during which time he was constantly under MSS control, he was again interviewed and told that he had been selected to travel abroad to give scientific lectures. He was then sent as delegate to a number of scientific and medical congress abroad. Some time later, he was told that he would not only be expected to lecture

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when he was abroad, but would also be called upon to supply reports on all he saw during his trips, and obtain answers to briefs given him by the secret service. The professor refused on the grounds that he was not suited for this type of work. One year later, he was the subject of provocation, found guilty of adopting a disloyal attitude towards the State, and sentenced to 10 years in a camp in Siberia.

3. The length of study for the medical profession has been extended to 6 years, which are divided up into 6 periods of one year each. At the end of each period the student has to take an examination before he can move on to the next period, and when he has successfully completed the whole course, he has to take a final examination in the subjects he has been studying. The first year is devoted to theory in the chemical, physics, zoology and botanic branches. There are few doctors who possess more than a fair working knowledge of the laws of modern physical-chemistry, they usually get as far as the principles of the Mendelejewson system and then stop, having little idea of the effect this chemical-physical knowledge can have when applied to the human body. In the second year comes anatomy and physiology. The study of anatomy is quite satisfactory, but the time allowed for chemical-physical physiology is too short. This is understandable when it is remembered that chemical-physical physiology can only be absorbed after the principles of chemicals and physics have been grasped properly. Clinical training commences in the third year, and includes pathology, internal medicine, minor surgery, therapeutics and midwifery.

4. During the last 10 years, probably on the instructions of the Highest Soviet efforts have been made to glorify certain members of the medical profession who are not particularly brilliant and have no reputation at international level. Among these are PAVLOV, PIROGOV, and MENDELJEV. A number of persons engaged on scientific research in the larger universities, above all in Moscow and Leningrad, have also been brought into the limelight in recent times, and among these are VISCHNEVSKIY, FILATOV, SPERANCKE, WYSCHNEVSKI and FILATOV. No serious person would deny the scientific qualifications of these comparatively unimportant Soviet scientists, but the very fact that the term "National science" is used in Russia gives an indication of the

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narrowness of their thinking. Science can never be anything other than international.

5. Clinical branches of medicine involving diseases of the eyes, ears, throat, nose and skin are unusually superficially dealt with during the medical training, but greater attention is paid to sexual diseases because of the official interest taken in the subject. The Russians know nothing about orthopaedy, and their attitude to children's complaints is most casual.

6. It is interesting to record that during the ten years after the end of the Second Great War the Russians took steps to increase the supply of literature and text books on medical subjects. However, because they did not have sufficient qualified experts of their own, they were at the beginning compelled to make use of translations of medical publications of the western world. Among these was a considerable quantity of material captured when the Russians marched into Germany. At first the names of the original authors were retained, but later it became the custom for Russian professors to edit the translations and then have them published under their own names. This primitive form of plagiarism was undoubtedly done with the approval if not on the instructions of higher authority.\* Top party leaders later frowned on the plagiarism, and wanted to have it stopped. According to Russian doctors, this was due to <sup>Khrushchev</sup> Khrushchew's view that they were attracting unfavourable comment from abroad. One or two of the doctors involved in the Kremlin affair were guilty of the practice. The normal sort of medical literature which every European surgeon or doctor has on his bookshelves is not available to Russian medical men, who rarely possess more than two or three old and out-of-date books. New publications are now being published regularly in Moscow, but not in such quantities that they are distributed to the medical profession working away from the large towns. The same applies to medical journals which come out weekly. Even in the largest hospitals there is nothing faintly resembling a medical library.

\* Two books \_\_\_\_\_ are:  
 Prof. Korning's (German Anatomy) "Topographical Anatomy", and one on eye diseases written by the German eye specialist Prof. FUCHS. The Russian versions of the books were straight translations and bore the names of Russian authors.

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